

## City of Alvin BUILDING PERMIT APPLICATION

FOR THE ERECTION OF BUILDINGS, ACCESSORIES, REPAIRS, WRECKING, AWNINGS, CANOPIES, POOLS, ETC

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RENDERED IN THE NAME	OF: _							
Class of Work (Circle One): New,	Additio	n, Alterati	on, Repair, Move, I	Demolish, Sign, Ot	her			
APPLICATION FOR CONSTR	UCTIO	ON OF: _						
Lot No			Blk No.			Subdivision / Addition		Abstract
Job Address			l					
Owner	wner Addres		city/State			Zip		Phone
Contractor Address		Address	City/State			Zip		Phone
Architect Addres		Address	S City/State			Zip		Phone
Engineer	Address			City/State		Zip		Phone
Lot Size		Land Va	alue		Flood Zone			
Living Square Footage	Gar	age Square	e Footage	Porch/Patio S	Square Footage		Total Sq	uare Footage
Occupancy Type					Parking Requirement			
Bldg Height			Ceiling		Floor		Roof	
Exterior Walls			Interior Walls		Foundation		Length	
Width			No. of Stories, etc.		No. of Bedrooms		No. of Bathrooms	
<b>Total Improvement Cost</b>		Windstorm Insurance Packet (Signatur					xet (Signature/Initial)	
		OTE: The City of Alvin does not perform windstorm inspections. It is the General Contractor's responsibility						
to hire an inspector appointed by the Texas Department of Insurance.								
FEE:	\$	\$						
PLAN CHECKING FEE: IMPACT FEE:	\$							
DRIVEWAY / APPROACH FEE:		\$						
_		<u>*</u>						
NOTICE Separate permits are required for electrical, plumbing heating, ventilating or air conditioning. This permit becomes null and void if work or								
construction is suspended or abandoned for a period of 6 months at any time after work is commenced.								
This application to be accompanied by suitable drawings and specifications in duplicate for approval and if not for the erection of building or buildings								
or other type of structure. A plot plan indicating the location of building or buildings, etc., on said lot. All provisions of the building code, or other governing ordinances shall be complied with whether or not therein specified. I hereby accept all conditions herein above mentioned and certify that all								
statements herein recorded by me are true.								
( ) SIGNATURE OF CONTRACTOR ( ) OWNER ( ) OR AGENT								
FOR OFFICE USE								
DATE PERMIT NO.								

PERMIT CLERK \_\_\_\_\_

BUILDING OFFICICAL: